

MIDWIFERY.

52. *Remarkable case of spontaneous rupture of the Uterus during labour—Recovery.*—The following case of rupture of the uterus, followed by recovery, is recorded by Dr. ROBQUET, of Givet, in the *Annales de la Société de Médecine de Gand*.

On the 8th of July, Dr. Robiquet was called to attend a female 32 years of age, who had been in labour 24 hours. She had previously had one child, and had never suffered under any symptom of uterine disease. Her second (the present) pregnancy, had gone on favourably until about two hours before Dr. R.'s visit, when during a strong uterine contraction she felt something suddenly give way within her. It seemed to her as if her bowels had been torn, but soon an apparent calm succeeded this painful sensation.

On M. R.'s entrance he found the patient's countenance flushed, her skin moist, pulse 90, small and thready, respiration slow, but regular; she had acute pain in the abdomen, with the sensation as of a weight rolling about in the middle of the belly and crushing the intestines, the uterine contractions were few and transient. The abdomen, depressed and irregular, had lost its rounded form, and permitted the limbs of the fœtus to be distinctly felt, and easily laid hold of through its parietes; and the child swayed from right to left, according to the movements of the patient. On vaginal examination, the head of the fœtus was felt at the uterine orifice. This latter circumstance induced M. R. to wait a short time, but finding that the powers of the mother were being rapidly exhausted, he applied forceps and extracted a female child, which lived only a few minutes. Scarcely was the fœtus expelled, when a soft rose-coloured slightly inflamed mass projected from the vagina and hung down between the thighs of the patient; this was at once recognized as part of the small intestine and the epiploon. M. R. at once returned the intestinal mass into the vagina, and gently pushed it onward to the fundus of the uterus, in which, rather to the right side of that organ, he found an opening large enough to admit his hand to pass through easily. Having at length with some difficulty returned the whole intestinal mass through the wound, he passed his right hand through the laceration so as to cover its aperture, while with his left, externally, he used frictions over the hypogastric region, with the view of inducing uterine contraction, and for the same object fifteen grains of ergot were administered. After the lapse of two or three minutes, M. R. felt the edges of the wound to approach, and the body of the uterus to make some efforts at contraction. After a second contraction had considerably diminished the diameter of the laceration, M. R. gently drew his hand out of the wound into the cavity of the uterus, and applied it to the inner surface of the rupture, to prevent any projection of the intestines through the opening. A second dose of ergot had been previously administered, and in a short time the uterus contracted so powerfully that he was compelled to withdraw his hand from its cavity. A dangerous attack of metro-peritonitis followed, which was successfully treated in the usual manner. Symptoms of inflammation of the uterus continuing on the second day after delivery, M. R. introduced two fingers into its cavity, and finding a small knuckle of intestine protruding, he successfully effected its reduction. From this time the patient gradually improved, and was at length restored to complete health.—*Journal de Méd. et de Chirurg. Pratiques*, July, 1846.

53. *Case of Vaginal Entero-hysterocele reduced by taxis, and maintained in place by the introduction of sponges in the Vagina.*—The preceding case affords an example of laceration of the gravid uterus, with the protrusion of the intestines through the rent, and the following case is an example of a similar injury in the unimpregnated condition. The patient was 60 years of age, and had borne seven children; she suffered under prolapsus of the vagina, and having never applied for medical advice, nor adopted any remedial measures, the affection proceeded from bad to worse; the sense of weight and dragging in the hypogastric region, the tenesmus and dysuria became so severe, that she, by degrees, found herself less able to maintain the erect position, and was ultimately compelled to rest her head constantly upon her knees. On the night of the 12th October, M. le CHAPROIS, of Bolbec, was called to her assistance; upon entering the room he was

struck by the fetid cadaverous odour which exhaled from the bed in which the patient lay, in a state of profound prostration. An enormous mass of small and large intestines had protruded through the uterus, which was torn and dragged down by the mass; the womb was completely everted, and hung between the thighs; near the angle of the right Fallopian tube there was a laceration of nearly four inches in length, which had given passage to the intestinal mass. The patient had, for some hours, been speechless; the pulse was small and weak, and she was, to all appearance, moribund. M. le Chaptois, notwithstanding her desperate condition, having carefully washed and cleansed the viscera, returned them with his hand into the pelvic cavity; they were then maintained in their place by the introduction of a sponge into the vagina, and fomentations were applied over the abdomen, to check the occurrence of inflammation. During the succeeding night, the patient vomited frequently, and convulsions came on; but after free evacuations from the bowels, an amelioration took place, convalescence proceeded favourably, the appetite returned, and food was digested readily, and there was every prospect of an entire cure, when in the third month of convalescence the patient was attacked with peripneumonia, and she succumbed to that disease in fifteen days.

Dr. Chaptois expresses his regret, in which all must join, that a post-mortem examination was not made in a case where it would be so interesting to ascertain the result of the efforts of nature.—*Journ. de Méd. et de Chirurg. Prat.*, July, 1846.

54. *Rupture of the Uterus—abdominal section—recovery.*—The *Gazette des Hôpitaux* (Sept. 1, 1846) contains an account by Dr. KUHNE, of Weyer, in Austria, of a case of rupture of the uterus, occurring in a female 32 years of age, in her seventh pregnancy. The Cæsarian operation was performed, and the child and placenta extracted through the incision in the abdomen. The child was dead, but the mother was entirely well six weeks after the accident, and returned to her usual occupations.

55. *Wound of the Gravid Uterus—premature delivery—peritonitis—recovery.*—In our preceding number, p. 218, we noticed a remarkable case of recovery after a wound of the gravid uterus, and now add the following equally extraordinary one related by Dr. CZAJEWSKI in the *Journal de Chirurgie* for Dec. last.

The subject of this case was a peasant woman to whom Dr. C. was called on the 20th July, 1845. The patient was 27 years of age, of habitually good health, advanced five months and a half in her pregnancy, was chasing a cow with a pitchfork, which she held by the forked extremity. The handle of the instrument accidentally became fixed in the ground, and the woman, carried on by the rapidity of her movement, fell on the pitchfork, which penetrated deeply into the abdomen. Through both wounds a green and yellowish fluid escaped in intermittent streams, but the patient preserved sufficient strength to walk to her home, distant 500 metres (about one-third of a mile). During the following two days she remained in bed, and on the morning of the 20th of July was delivered by Dr. Czajewski of a still-born child. On the body of the fetus a wound several millimetres in depth was observed on the lower angle of the left scapula. The placenta was also perforated in the vicinity of its circumference. Some symptoms of the peritoneal inflammation having been observed, leeches were applied twice, and mercurial ointment was rubbed over the surface of the abdomen, the wounds of which healed at once. One of them burst open eighteen days after the accident, and yielded passage to six ounces of fetid pus, and afterwards to fecal matter. This orifice was seated at one inch from the symphysis pubis, at four from the umbilicus, and rather to the right side. Its extent was a little more than one inch. The fistula was cauterized several times, and was completely obliterated within the space of five months.

56. *On Inflammatory Ulceration of the Cervix Uteri during Pregnancy, and on its Influence as a Cause of Abortion.* By J. HENRY BENNETT, M. D.—Dr. Bennett's attention was first drawn to inflammatory ulceration of the cervix uteri in pregnant females by M. Boys de Loury, one of the physicians of Saint Lazare, an hospital-prison in Paris, where women of the town found labouring under syphilis are